

OBSERVATIONS
RELATIVE TO
THE TREATMENT
BY
SIR WILLIAM ADAMS,
OF THE
OPHTHALMIC CASES
OF THE ARMY.

BY
JOHN VETCH, M. D.

PHYSICIAN TO THE FORCES,
MEMBER OF THE MEDICAL AND CHIRURGICAL SOCIETY OF LONDON,
AND OF THE ROYAL MEDICAL SOCIETY EDINBURGH.

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OBSERVATIONS.

AT an early period with respect to the appearance of Ophthalmia in the British army, I was placed in charge of the Hospital established for the reception of that disease; and having conducted with success the treatment of more than three thousand cases, when its ravages at other places ~~was~~ great and alarming; *I was* I am in a more particular manner called upon to examine, with some attention, the grounds on which Sir WM. ADAMS has advanced pretensions to the discovery of "those new and successful methods of treating the disease," which have been announced to the army, in the circular letter of the Right Honourable the Secretary at War, dated August 1817.

In consequence of a statement, made by the Right Honourable the Secretary at War, in the House of Commons, in the latter end of the

Session of Parliament of 1816, which gave me the first authentic information of the nature of the claims advanced by Sir WM. ADAMS, to a more effectual treatment of the Ophthalmic cases of the Army—I lost no time in submitting a detailed account and return of the success which had marked my treatment of the acute disease, both with a view to its cure and eradication from the army; as well as of that affection of the Cornea which is liable to supervene, when the previous disease has been neglected or mismanaged.

This statement I was led to submit, less in justice to my own claims, than in behalf of those who were practically concerned in the issue of the question; inasmuch as the pretensions of Sir Wm. Adams led to the temporary substitution of a severe, and ineffectual operation, in the room of that treatment which I had successfully employed, in a wider range of cases than, it is to be hoped, will again occur in military practice; and the efficacy of which I professed myself willing to demonstrate, if admitted to a fair and comparative trial, with any means it was in the power of Sir Wm. Adams, even at that time, to suggest.

In a letter addressed by Sir Wm. Adams to the Governors of Greenwich Hospital, the nature and the value of his discoveries are at last detailed. However averse I am to carry the discussion of such a subject beyond the strict limits of professional arbitration, the direct reference made in that letter, to my name and practice, induce me to take this general notice of the pretensions he has advanced, and which appear to come under three distinct heads.

§ With respect to Sir Wm. Adams's treatment, in the commencement of the disease, by violent vomiting, I shall say but little, convinced as I am, that even he himself, should he ever see a case of real Egyptian Ophthalmia, in its violent and purulent stage, will not venture to place his principal trust in such a remedy.

On this head he has manifestly founded his conclusions relative to the treatment of the purulent Ophthalmia, which prevailed in the army, from the *catarrhal* form of disease, which chiefly shows itself among children, when much crowded together, and which, although an infectious disease, is specifically different from the one with which I have had to combat; or at the most, his experience of the purulent disease in

its early stage, has been confined to its appearance at the Military Asylum, where the age or the sex of the patients, prevented it ever acquiring the excessive violence which it assumed in the army.

Sir William insists particularly on the distinction betwixt violent vomiting, kept up for eight or ten hours, by emetic tartar, which he proposes, and a constant degree of nausea, which was one of the means of cure, commonly tried by others. The difference may readily be admitted; but I am able to assert, that if far more efficacious means than either, are not had recourse to, in the genuine form of the disease, the termination will add to the number of those who have already fallen victims to its ravages, and will soon prove, that innovation may be tried at too great a risk. No person can, with less justice than myself, be accused of a rash and indiscriminate recourse to the lancet; and I wholly disclaim the abuse of this efficient remedy, as described by Sir Wm. Adams. The rules which I was enabled to lay down, to guide the employment of general depletion, and the aids I derived from powerful and local treatment, are open to examination, and on an early occasion will be strictly detailed.

§ I proceed to examine the nature and the efficacy of the discovery, claimed by Sir Wm. Adams, for the cure of Opaque Cornea. With respect to his present practice, I must presume, that he either adheres to his original plan of treatment by excision, which I have declared, and which I can now prove to be from his own evidence, (independent of many objections to its general application) incompetent of itself to the cure of the disease; or, that he is forced to combine with the operation those very means which it was introduced to supersede, and of which, I may venture to say, that Sir Wm. Adams has still something to learn, both as to their value, and their proper mode of application.* I shall, therefore, in the *first place*, submit some general observations respecting the

* In the month of September, 1813, Sir W. Adams admitted to a patient (who, in consequence of that admission, put himself under my care) that there were but two ways of applying caustic for the cure of opaque cornea—one was by dropping a solution of it into the eye, which he actually ordered; the other, he said, would be so violent in its operation, as to occasion excruciating pain, and endanger the safety of the eye. I refer to the case of the Honble Capt. C——, R. N. The success which immediately attended the use of caustic in this case, without causing either pain, risque; or even momentary confinement, only shews the material difference produced by the same remedy, according to the mode in which it is employed.

disease itself; and, in the *second place*, I shall review the statements, now published, of its practical results.

It has been objected to the claims of Sir Wm. Adams, that he took the knowledge of the operation from the practice of the late Mr. Saunders; I must, in justice to myself observe, that in my account of the Ophthalmia of the Army, printed in 1806, when it would be easy to prove that I could not have had access to the opinions or practice of Mr. Saunders, I distinctly, and prior to any modern writer, made use of the term of Granular Surface, to describe the diseased state of the linings of the Palpebræ, which supervenes on Purulent Ophthalmia; and explicitly mentioned the bad effects resulting from the excision of the surface so diseased, and the means which I then found, and still assert to be better adapted to the purpose of restoring the membrane to its healthy condition. My subsequent experience rendered the cure of opaque cornea, depending on that diseased state of the palpebral linings, so much a matter of uniform result at the Ophthalmia Hospital, that long before I heard that there was such a person as Sir Wm. Adams, I had no reason to doubt

but that my success was both understood and appreciated,*

If it be objected to these early operations that the scissors were used instead of the knife, I beg to say, that both these instruments had been repeatedly employed; and I do not scruple to assert, that where the operation is required, the scissors are the better instrument of the two; that the surface which follows excision by them is less irritable, and less disposed to a reproduction of fungus; that there is also less risque of wounding the semilunar cartilage of the palpebræ, an accident very likely to occur in the mode of operating performed by Sir Wm. Adams, and which I apprehend to have happened in some cases where the operation has led to a termination fatal to the organ.

The cure of this granulated surface of the palpebræ, by means of excision, is mentioned by Hippocrates; and the disease under the names of *Sycosis* and *Scabies Palpebrarum*, is distinctly described by the succeeding authors of the Greek and Latin schools; and the cure as

* The change in the direction of the Army Medical Department subsequent to the Walcheren expedition, will explain the want of support which my services would otherwise have received.

precisely directed by the three methods of excision, abrasion, and cauterisation. The Arabian authors are still more minute in their details respecting the treatment of opaque cornea, under the term *Sebel*, nor has it been left to modern times to suggest any improvement even in the mode of operating. The eversion of the eyelid upon a metallic plate, although rather an addition than an improvement, is expressly directed by the commentators on these authors. However much these facts are at variance with originality, I nevertheless consider that he who revives a useful practice, after it has fallen into general disuse and oblivion, is entitled to as much merit as if he had made the discovery in point of time, as well as in point of fact; and every liberal person must regret that the knowledge of antiquity should ever be used to obscure the reputation of a successful innovator. In the present instance, however, the revival of the operation is a retrogression in point of practice, and it is against the utility and the exaggerated expectations held out from its adoption, that I have hitherto endeavoured to contend. As the excellence of modern surgery is not less conspicuous in the abridged necessity for operating in many diseases, than in the refinement of those operations which it retains; the introduction of an

operation where milder means are sufficient, could never have been deemed an improvement, by those appointed to judge, if the case had been brought fairly before them.

I shall now follow the evidence of the cases recently published by Sir Wm. Adams, in order to shew how inexpedient the operation has proved itself to be, and how completely he has failed in the application of it.

Of the cases adduced by Sir Wm. Adams, in the publication referred to—"A Letter addressed to the Governors of Greenwich Hospital"—I shall confine my observations to those which he received from the hospital under my directions, and which he includes in what he calls the second trial of his operation. Their names are Joseph Winter, John Capel, and David Grey, being three men out of five whom Sir Wm. Adams was permitted to select from the whole number of cases, which I left at the Ophthalmia Hospital, when removed from that duty, and which he of course selected as the most favourable for the plan of treatment he had then in view.

I must not omit to mention, amongst the difficulties which I had to surmount, in the management of army cases, the practices used by men, for the purpose of retarding their recovery, and of resisting the means of cure, when they wished to obtain their discharge from the service. On the occasion of the cases selected by Sir W. Adams for the trial of his treatment, an official letter was sent by the Adjutant General, to the Commandant of the Dépôt, conveying a promise to the men so selected, that in the event of their recovery, under the treatment which Sir Wm. Adams might employ, they would receive each a bounty of thirty-six guineas, or a free discharge and a pension. The moral obstacles being thus removed, the little success which seems to have followed, can only be imputed to the injudicious use of the operation; the occasional effects of which may be learned in the cases preceding those to which I confine my observations.* I

* For instance, in the case of John Bickley, the inflammation, by which "he nearly lost his eye," is ascribed to the Walcheren Fever.

In John Smith, the failure is said to be owing to the purgative quality of some cascarilla bark internally administered; and the unfortunate issue of the case of John Miller, whom he states "to have entirely lost one eye by the violent inflammation and fungus which resulted from the operation," is ascribed to the same purgative quality in cascarilla bark.—vide page 31.

am fully warranted in the belief, that if these men had been simply removed to a healthy situation, and if the offer made to them of a free discharge had been allowed to operate in place of Sir Wm. Adams, the result would have been more favorable than it has actually proved.

The names of the two men whom Sir Wm. Adams omits to notice in his published report, are William Wells of the 52d, and Sergeant Treble of the 43d regiments: these men Sir Wm. Adams found it expedient to reject, after having kept them for a month under his treatment, on the frivolous pretext that caustic had been applied to them by the officer who succeeded me in charge of the Ophthalmic Hospital. *Of the three remaining cases, John Winter is reported to be cured, and, according to the promise given, is discharged with a pension; John Capel is dismissed with one eye "irrecoverably lost;" and David Grey with only one eye improved, after the lapse of two years and three months.*

I shall afford each of these cases a separate examination.

First. In relating the case of Joseph Winter, Sir Wm. Adams states, “that it never was my
 “ practice to examine the interior of the upper
 “ eyelids, until my return from the York Hos-
 “ pital in March 1812, where I had been to
 “ see his new operations;” and when (he adds
 in a note) “*he saw Dr. Vetch.*” On what
 grounds Sir Wm. Adams has had the hardiness
 to advance an assertion so wholly without foun-
 dation, I am at a loss to conceive. On the exa-
 mination of, and in the application to the inner
 surface of the upper eyelids, no man can have
 insisted more strongly than myself. I shall
 annex two cases; one extracted from the Hospi-
 tal Registers, and treated by incision, in 1809;
 the other, by an escharotic application, in 1811,
 as stated by the patient himself, Capt. Robinson,
 of the 88th Regiment.

The remaining part of the assertion, which
 makes me appear at the York Hospital, for the
 purpose of seeing Sir Wm. Adams, and his
 new operations, is equally erroneous, and up to
 the present hour I have never been in the same
 room with Sir Wm. Adams, nor seen any case
 on which he has operated for opaque cornea.

I am still in possession of a letter from the late Director General, expressing his dissatisfaction at my having declined an interview with Sir Wm. Adams; together with my answer, containing my reasons for so doing, until his operations could be judged of by their *final* effects. The time to which Sir Wm. Adams refers, is June, and not March, 1812; in which month I did accompany Mr. Weir to the York Hospital, but without seeing either Sir Wm. Adams or his practice, farther than the former was pointed out to me at a distance too great for me to know one person from another.

The second case, John Capel. — Sir Wm. Adams says, that this man was considered by me as incurable; a statement not only contrary to truth, but inconsistent with the whole tenor of the regulations which I had established, and which, as long as I had charge of an hospital, were steadily adhered to. By these regulations, all men affected by opaque cornea, no matter to what extent, were returned, not as blind, but as recoverable for at least garrison duty, and treated accordingly. The impaired state of this man's health, and the unfitness of the situation for his recovery, sufficiently explain the length of time,

during which he continued to lose by frequent relapses, the progress gained in the intervals; when admitted he laboured under a third attack of acute purulent Ophthalmia, and was saved from the imminent hazard of losing his right eye, by the treatment immediately resorted to.

But a more important error in the narrative of this case remains to be noticed. At the time this man was selected by Sir Wm. Adams, it appears by the evidence of the official report made to the Medical Board of the state of his eyes, as well as by that of a memorandum in the handwriting of Sir Wm. that he was selected with the susceptibility of recovery in both eyes; and indeed, it is not to be supposed that Sir Wm. Adams would have made choice of a case which was otherwise. This man, however, is in the final return stated by Sir Wm. Adams to have "irrecoverably lost" the left eye, and which he asserts was lost under my care. The registers of the hospital, afford a minute detail of the case, the evidence from which is, that the left eye was the best of the two: Sir Wm. Adams, in his own hand writing, states the case as one of opaque cornea, with diseased palpebral linings, and notices an inversion of the upper eye-lid, but no mention is made of the left eye.

being different from the right. The state of this man is farther reported, by my successor at the hospital, as one of simple opaque cornea, with diseased linings of the palpebræ. That Sir Wm. Adams should lose an eye by the operation, does not surprize me; but if the statements I have quoted are correct, his attempt to conceal the misfortune by such a subterfuge, is what I could not expect. It is not enough for Sir Wm. Adams to say, or rather to prove, that he did not perform the operation on the left eye, as he must be well aware that the inflammation excited by the operation in one eye, might very possibly lead to such a return of active disease in the other, as would, in the debilitated state of the organ, eventually occasion its "irrecoverable loss."

In the narrative of the case of David Grey, the last in which I have any interest, he states him to have been "upwards of two years at Bognor" (page 38); whereas he was admitted on the 7th of August, 1812, and selected by Sir Wm. Adams on the 12th of October, in the same year, making a period of nine weeks; and during that short space of time, he experienced a more rapid improvement, than he appears to have

done during two years and three months, which elapsed from the time of his selection by Sir Wm. Adams, to his final examination by *the physician, the surgeon, the apothecary, the assistant surgeon, and the assistant apothecary, of Greenwich Hospital*, whom Sir Wm. Adams nominates as a board of appeal, from the report given by Sir Henry Halford, Dr. Baillie, Sir Everard Home, Mr. Cline, Mr. Cooper, and Mr. Abernethy, the Board appointed by the Commander in Chief.

By a P.S. at page 38, Sir Wm. Adams appears but half satisfied with the opinion given by this Board of his own selection.

Selected by Sir Wm. Adams on the		
12th of October, 1812, five cases		
—(of which)		5
Two were afterwards rejected	2	
Two cured of one eye—and	2	
One cured of both—all discharged with		
pensions	1	
		—
	Total	5

From the ample experience now gained of the operation, in consequence of its having been employed in army practice, with rather more zeal than discrimination, the following conclusions will, I believe, be found correct.

First, that of itself the operation, however frequently repeated, is unequal to the cure of opaque cornea; while, on the other hand, the treatment I adopted in the disease, does not require the aid of an operation in one case out of fifty.

Secondly, that the operation, besides being in itself very painful, requires to be indefinitely repeated, and is often followed by inflammation; while the treatment by the properly graduated application of caustic substances, produces neither pain nor inflammation.

Thirdly, in many cases where a new and white surface has been obtained, after the repeated use of excision, the cornea often remains vascular, a circumstance which never happens when the cure of the membrane lining the eyelid, has been effected by the action of escharotics, properly applied, the cure of the cornea

invariably keeping pace with that of the membrane.

EXTRACT *from a GENERAL RETURN of the OPTHALMIA DEPÔT from the 17th November, 1807, (the date of its establishment) to the 12th March, 1812, shewing the result of the treatment of OPAQUE CORNEA.*

ADMITTED.

Labouring under Opaque Cornea, with vision either lost or impaired	536
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DISCHARGED.

Cured of both eyes—to their Regiments ..	65
Ditto, ditto, but transferred to Veteran Battalions	247
Sent to Chelsea, on account of age and other infirmities	70
Deaths, by other diseases	7
Discharged, with Pensions for Blindness, being two-thirds of the total loss out of 3000 cases	20
Under treatment	127

Total	536
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The third claim of Sir Wm. Adams, consists in asserting, that he first called the attention of the Medical Board to the importance of restoring the healthy state of the palpebral linings, previous to the discharge of the patients. On this very point I am willing to rest the whole of my claims to consideration, for however great the saving has been to the nation, by my successful treatment of more than three thousand cases of this formidable disease; and of which success, I again invite the most minute and severe scrutiny; yet this saving of men is not to be compared with the benefit derived by my unwearied exertions in calling attention to this particular point of practice. Charges have been preferred against me in consequence of what I may call a religious adherence to this rule, which I was the first to introduce into practice, and on which, I well knew the immunity of the army from the disease, would in a great measure depend. The issue of one charge, preferred by a general officer, supported by the certificate of surgeons, who were ignorant of this important feature of the disease, after much vexatious enquiry, procured me a letter of full approbation from His Excellency Sir David Dundas, dated 9th of November, 1809.

To prove my undeviating attention to the restoration of the healthy colour and condition of the palpebral linings, previous to the discharge of any man to his regiment, I can call upon every individual, who ever came under my care for this disease. Not one of them was considered cured, until this point was confirmed, by repeated and careful examination of the inner surface of the eyelids. Their testimony will be corroborated by every military or medical officer employed in duty along with me, from the latter end of 1805, when I first took an independent charge of the disease, to the autumn of 1812, when I resigned it. *During the whole of the above time I never was prevented, either by sickness or by absence, from personally performing this duty.* If Sir Wm. Adams means to say that he would employ the operation of excision in convalescent cases, where this is the only remaining affection left by ophthalmia, either with a view of rendering the recovery more certain, or more expeditious, it is altogether too absurd to be reasoned upon; if he does not, his proposal goes no farther than to follow the criterion which I established, which I zealously adhered to in my own practice, and endeavoured to promulgate as extensively as it was in my power to do. It is most unreasonable that I should be implicated in any ignorance or

inattention, manifested by others, on this or any other question connected with the disease.

An error having obtained at quarters of high authority, that the cases of blindness sent at one time in great numbers, from the Ophthalmic Depôt to the York Hospital, had been lost to the service while at the former place; I think it right not to omit this opportunity of stating, that these cases merely passed through the hospital under my care, on their arrival from foreign stations, in a state of hopeless blindness; the number of such was at times so great, as to render it necessary to erect tents for their accommodation, the hospital being fully occupied by acute cases, to which even separate beds could not be allotted. The returns accompanying such men to the York Hospital, will shew the place where each individual lost his sight, and the loss at the Ophthalmic Hospital will not be found to exceed *thirty cases*.

I shall conclude these observations with two practical maxims, of the highest importance, for the truth of which I can appeal, both to my hospital practice, and to those who assisted me in the execution of it—viz. that the first attack of Ophthalmic Inflammation may, in every case,

be conducted to a successful termination; and that the Purulent Ophthalmia may at all times be prevented from spreading itself in any regiment, or body of individuals, by making the state of the membrane lining the eyelids, the criterion of the *commencement*, as well as of the termination of the disease.

Seymour Terrace,

1st Feb. 1818.

APPENDIX.

Case of Robert Bolderson, aged 19, 84th Foot.

Nov. 20, 1809. Disease principally confined to the lining of the palpebræ, which are swollen and villous, secreting a quantity of thick purulent matter. Lachrymal discharge little augmented, but hot.

21. Eyes feel easier, lachrymal discharge cold.

22. The *fungus palpebrarum* continues the same.

Dec. 17. The fungus less prominent; has been frequently touched with the argentum nitratum and also portions have been removed by the scissors, with evident relief; no purulency.

Jan. 15, 1810. The lining of the palpebræ assumes less of a granulated appearance, and is of a much paler color.

N.B. This man, after being attacked by fever and a tedious affection of the skin, was dismissed cured to his regiment, the 2d of July, 1810.

Case of Captain Robertson, 88th Regiment.

I regret that I cannot describe your treatment of my eyes in the language of the profession; but, I hope, that in the brief and simple narrative I shall give of it, I shall be able to make myself understood. I reached the Ophthalmia Dépôt about the 20th of February, 1811, and the benefit I derived from your practice and attention at the

Depôt, made so deep an impression on my mind, that I still do, and ever shall retain, a perfect recollection of your treatment of my eyes. Your first instructions to me, after my arrival at Aldwick, related to regimen, exercise, and in a general way to the manner I was to live; you first gave me some purgative medicines, and then began to apply *vitriol* to the inside or inner surface of my upper eyelids; you continued this application generally every second day, for at least two months. Sometimes the application of the vitriol caused considerable irritation; on those occasions you allowed the eye to recover a little before you applied it again. I was under your immediate care at the Ophthalmia Depôt nearly three months, viz. from the latter end of February to the 20th of May, 1811. My eyes made no progress towards improvement for some months before I got to Aldwick, the disease was then in a chronic state; but I had not been at the Depôt above a fortnight, when I found that I could see much better, and my sight continued to improve without any interruption after. Indeed I was equally delighted and astonished at the rapidity of the recovery I made whilst under your care; and I repeat, that I conceive it is to your abilities, exertions, and experience, I am entirely indebted for the restoration of my sight.

DANIEL ROBERTSON.

Blair Athol,
18th Dec. 1817.

THE END.

